



State of Tennessee
Board of Architectural and Engineering Examiners
Department of Commerce and Insurance
500 James Robertson Parkway, Third Floor
Nashville, Tennessee 37243-1142

APPLICATION TO ADD AN EXAM DISCIPLINE (PE)

NOTE — This application is to be used only by registered engineers wishing to take an examination in an additional discipline; it should not be used by applicants for registration by examination.

To sit for the Structural II Examination, you must already hold engineering registration either by passing the NCEES Principles and Practice of Civil Engineering Exam and/or the Structural I Exam.

DEADLINE — Request must be received in the Board office by August 1 for the October exam and January 1 for the April exam.

STRUCTURAL II EXAM FEE — \$485 OTHER EXAM DISCIPLINES — \$215

Type or print legibly

Full Name _____
Last First Middle

Tennessee Registration No. _____ Date of Application _____

Social Security No. _____

Residence Address _____

City/State/Zip _____

Residence Phone No. _____

Employer _____

Address _____

City/State/Zip _____ Position _____

Business Phone No. _____ Fax Number _____

E-mail Address _____

Address for Correspondence: _____ Business _____ Residence

I wish to be examined in the discipline of _____ on _____
at _____ Date

Exam Location

Emergency Contact (name and phone number): _____

EDUCATIONAL BACKGROUND

Name and Address of Institution	Attendance (From - To)	Date of Graduation	Major Course	Degree Received
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PROFESSIONAL ENGINEERING EXAMS

List all professional engineering exams that you have passed (exam discipline, state, year):

EXPERIENCE

List each engagement in chronological order beginning with first engagement after initial registration. Provide detailed information of experience on engineering design projects to enable evaluation of your experience since registration. Attach additional sheets if necessary.

Dates of Employment	Title of Position, Name of Employer, Location, and Nature of Each Engagement and Degree of Responsibility	Name, Title, and Address Of Supervisor

Signature _____

(For Board use only– Please do not write below this line.)

Board Review – Examination			
Board Member	Date	Aprvd	Dis-aprvd